APPENDIX B-1 RESPIRATORY QUESTIONNAIRE

A. IDENTIFICATION DATA

PLANT							SOCIAL SECURITY NO								
											DAY	MON (figure	ITH es) (last	YEAR 2 digits)	
NAME_(Su	rname)						DA	TE OF	INTER	/IEW_					
							0.4	TE OF	DIDTU						
(First Names)							UA	_DATE OF BIRTH							
ADDRESS						AG	AGE(8,9) SEX(1								
							RA	CE	w	N	IN	D.]	OTHE	R (1	
NTERVIE	WER: 1	2 3	4 5	5 6	7 8	(12)									
VORK SHII	FT: 1st		2nd			3rd		(13) ST	ANDIN	IG HEI	3HT		_(14,1	
PRESENT WORK AREA								WEIGHT(16,18							
irea within pin ning a ni	work shift in that departm d weaving wh assigned — if	ent who here ma	ere mo:	st of the rk roon	e work ns may	shift is be in	spent volved	(if in do be sur	oubt, ch	eck "thi	oughou specifi	it"). Fo c work	r work a	reas suc which	
	Workroom	(19)	(20)		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	
	Number	Open	Pick	Aree	Card #I	#2	Spin	Wind	Twist	Spool	Warp	Slash	Weeve	Other	
AT RISK	1			Cards											
cotton blend)	2			Draw											
	3			Comb											
	4			Rove											
	5			Thru Out											
	6														
	7 (all)														
Control (synthe- tic & wool)	8														
x-Work- r (cotton)	9														
	L	L	1		1 .	1	i			i .	I	1	i	i	